

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-879)						SERIAL NO. 540140		FILING DATE 3-31-00			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT						
	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.		W/O.	DEF.	W/O.	DEF.
1	1						61				
2		1					62				
3							63				
4							64				
5							65				
6	1						66				
7							67				
8	1						68				
9							69				
10							70				
11							71				
12	1						72				
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38							98				
39							99				
40							100				
41											
42											
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45											
46											
47											
48											
49											
50											
TOTAL	4						TOTAL				
TOTAL	10						TOTAL				